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Bib Data Sheet

CONFIRMATION NO. 3369

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/052,372 | FILING DATE 01/23/2002 RULE | CLASS 351 | GROUP ART UNIT 2873 | ATTORNEY DOCKET NO. 025265-223 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS
Colin Maurice Perrott, Mount Barker, AUSTRALIA;
Kevin Douglas O'Connor, Goodwood, AUSTRALIA;
Simon John Edwards, St.Peters, AUSTRALIA;
Eric F. Barkan, Novato, CA;
David H. Sklar, San Francisco, CA;

**** CONTINUING DATA *******
THIS APPLICATION IS A DIV OF 09/142,869 01/19/1999
WHICH IS A 371 OF PCT/AU97/00188 03/21/1997 *9/1*

**** FOREIGN APPLICATIONS *******
AUSTRALIA PN 8806 03/21/1996 *9/1*
AUSTRALIA PO 4137 12/11/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/28/2002**

| | | | | | |
|---|--|--------------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>9/1</i> | STATE OR COUNTRY AUSTRALIA | SHEETS DRAWING 34 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 4 |
|---|--|--------------------------------------|-----------------------------|---------------------------|--------------------------------|

Verified and Acknowledged
Examiner's Signature _____ Initials _____

ADDRESS
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P.O. Box 1404
Alexandria, VA 22313-1404

TITLE
Single vision lenses

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 824 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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